DECLARATION FOR UTILITY OR

Attorney Docket Number | 5067.001

PTO/SB/01 (10-01)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Pelent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DESIGN	First Named Inven	or [wimper]	ley Friedman			
PATENT APPLICATION	COMP	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Number					
Declaration Submitted OR Submitted efter Initial with Initial Submitted Piling (surcharge	Filing Date					
	al Art Unit					
Filing (37 CFR 1.16 (e)) required)	Examiner Name					
As the below named Inventor, I hereby declare that:						
My residence, mailing address, and chizenship are as stated t	below next to my name.					
I believe I am the original and first inventor of the subject matter	er which is claimed and for w	hich a patent is sought o	in the Invention entitled:			
DISTRIBUTION OF LOCATION SPECIFIC ADVERTISING INFORMATION VIA WIRELESS COMMUNICATION NETWORK						
(Title of the Invention)						
the specification of which						
is attached hereto						
OR						
was filed on (MM/DD/YYYY)	as United States A	pplication Number or PC	T International			
· · ·			<u>-</u>			
Application Number and was amen	eded on (MM/DD/YYY)		(if analicohia)			
	(if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the fitting date of the prior application and the national or PCT international fitting date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breader's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United breader's rights certificate(s), or any PCT international application having a filting date before that of the application on which priority is						
Prior Foreign Application Number(s) Country	Foreign Filing Date (MM/DD/YYYY)		fled Copy Attached? YES NO			
Additional foreign application numbers are listed on a suppl	emental monity data sheet b					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it centains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: XX	Customer Number or Bar Code Label	, ,,,	7324	OFF 🗌	Correspondence add	ress below
Name						
Address						
City			State		ZIP	
Country	Tele	phone			Fax	
I hereby declare that all statements of are believed to be true; and further made are punishable by fine or impri validity of the application or any pater	insi mese sistement sonment, or both, un	iwana mada wi	in the knowledg	e Dret willed 1	isies etalomento and	the like so pardize the
NAME OF SOLE OR FIRST II	NVENTOR:	A petition i	has been file	for this un	signed inventor	ENSE SIGN
Given Name (first and middle [if any]) KIM	PERLEY		Family Name	FRIEDN	fan	8 DA
Inventore Signature				·	Date 1/30	404
Residence: City Ft. Lau	derdale	State FL	Coun	try US	Citizenship U	SA
Mailing Address 2900 N	.B. 30th S	treet			,	
Cay Ft. Lauderdale		State FL	, ZIP	33036	Country US	
NAME OF SECOND INVENTO	DR:	A petition ha	s been filed f	or this unsi	gned inventor	
Given Name (first and middle [if any]) MIC	HAEL M.		Family Name or Sumame	ANTHO	ONY P	EASE OF
Inventor's Signature					Date //36	1/64.
Residence: City Coral S	orings	State FL	Count	ry US	Citizenehip	USA
Mailing Address 10189 W	. Sample R	oad				
Chy Coral Springs		State FL	ZIP	33065	Country US	
Additional inventors are being na	med on thesup	plemental Addition	onal Inventor(s)	sheet(s) PTO	/SB/02A attached here	to.

Please type a plus sign (+) i	nside this box		PTO/CD/04 400 a.s.
Under the Pagement Reduction Act	of 1995 no payrons are convert to		PTO/SB/81 (02-01) for use through 10/31/2002. OMB 0651-0035 t Office: U.S. DEPARTMENT OF COMMERCE in unless it display a valid OMB control number.
	44 1365, No persons are required to h	Application Number	n unless it display a valid OMB control number.
	Filing Date		
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		First Named Inventor	Kimberley Friedman
		Title	Distribution of
		Group Art Unit	
		Examiner Name	
		Attorney Docket Number	5067.001
I hereby appoint: XXX Practitioners at OR Practitioner(s) no	<u> </u>	27324	Number Bar Code Labert TRADEMAN OFFICE
	Name	Rec	gistration Number
		Net	is a stioit idumper
as my/our allomey(s) o	r agent(s) to prosecute the	application identified abo	ove and lo transact all
business in the United S	States Patent and Tradema	irk Office connected ther	ewith.
Please change the corre	espondence address for the	above-identified applica	ition to:
The above-mention OR	ned Customer Number.		
Practitioners at Cus	stomer Number		Place Customer Number Bar Code
OR	Nomer Hamber		Label here
Firm or Individual Name			
Address			
Address			
City		State	Zip
Country			
Telephone		Fax	
I am the:			
Applicant/Invento	or.		
	من با در فه غیراند		
Statement under	rd of the entire interest. Sec 37 CFR 3.73(b) is enclose	e 3/ CFR 3.71.	
			
	SIGNATURE of Applicat	nt or Assignee of Record	or or or
Name R/I M	BERLEY FRIEDMAN		PLEASE SIGN & DATE
Signature	m.		80
Date	1/30/04		
NOTE: Signatures of all the invent forms if more than one signature is	or assumees of record of the	entire interest or their represen	ntative(s) are required. Submit multiple
	ns are submitted.		
rden Hour Statement: This form is estim		line will yary dependen woon the	poods of the feet ideal area Assessed

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Againstant Commissioner for Patents, Washington, DC 20231.

O *Total of

_____forms are submitted.

Ptease type a plus sign (+) inside this box		PTO/S8/61 (02-01)	
Under the Paperwork Reduction Act of 1995, no persons are required to		d for use through 10/31/2002. OMB 0851-0035 rk Office; U.S. DEPARTMENT OF COMMERCE	
	Application Number	on united in display a valid Code control number.	
j	Filing Date		
	First Named Inventor	Kimberley Friedman	
POWER OF ATTORNEY OR	Title	Distainution	
AUTHORIZATION OF AGENT	Group Art Unit	Distribution of	
	Examiner Name		
	Attorney Docket Number	5067.001	
I hereby appoint:		_	
Practitioners at Customer Number OR Practitioner(s) named below:	27324	+aviCanA* Nomber dar Code Laber Teat 24	
Name		PATENT TRADEMARK OFFICE	
Name	Re	gistration Number	
as my/our attomey(s) or agent(s) to prosecute the business in the United States Patent and Tradem	application identified aboat Office reproduct the	ove, and to transact all	
Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or	e above-identified applica	Place Customer Number Bar Code Label here	
Individual Name			
Address			
Address City			
Country	State	Zip	
Telephone	7-1-		
I am the: Applicant/Inventor. Assignee of record of the entire interest. Se Statement under 37 CFR 3.73(b) is enclose	ee 37 CFR 3.71.	·	
	int or Assignee of Record	-cN	
	MICHAEL M. ANTHONY		
Signature	SIGNATURE of Applicant or Assignee of Record MICHAEL M. ANTHONY PLEASE SIGN DATE		
Date //30/04			
NOTE: Signatures of all the inventors of assignees of record of the forms if more than one signature is required, see below.	entire interest or their correser	stative(s) are required Submit mutainte	

Burden How Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.